

CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-002372**

See reverse side for Instructions.
Please type or print clearly. Press Hard.

GENERATOR (Generator Must Complete)

② Name **ALUMINUM CO. OF AMERICA VERNON WORKS**
EPA NO. **CAD074126681**
Address **5151 ALCON AVE** Phone No. **586-6141**
City, State, Zip **VERNON CA 90058**

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name **OPERATING INDUSTRIES INC.**
EPA NO. **CAD080012024**
Address **900 N. POYERER GRANDE DR.**
City, State, Zip **MONTEREY PARK CA**

④ Alternate TSD Facility SFUND RECORDS CTR

Name **CLINICAL WASTE MANAGEMENT INC.**
EPA NO. **CAT000646117**
Address **P.O. Box 1104, 430 W. Elm Ave**
City, State, Zip **COALINGA CA 93210**

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER:

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☐ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

⑥ WASTE CATEGORY **47 & 48** ⑦ EX. HAZ. WASTE PERMIT NO. _____ ⑧ GENERATING PROCESS **ALUMINUM FABRICATION**

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER	RANGE LOWER	UNITS
⑨ A. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.

⑩ WASTE PROPERTIES: pH **7** ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☒ Solid ☒ Liquid ☐ Sludge ☐ Slurry ☐ Gas ☒ Other **WATER & OIL SLUDGE**

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other _____

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ **Daniel D. Baker** Foreman **8/05/02**
Signature of Authorized Agent and Title Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**
EPA NO. **CAD028277036**
ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**
CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE **5-2-81**
TIME **10:00** ☒ AM ☐ PM

⑯ **Ang** **5-2-81**
Signature of Authorized Agent and Title Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME **OPERATING IND** ⑱ QUANTITY (If Measured) **100 DSO**
EPA NO. **CAT080012024** ⑲ STATE FEE (If Any) **\$17.50**
PHONE NO. _____

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____

㉒ NAME _____
EPA NO. _____

㉑ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify) _____
☐ Recovery or Reuse ☐ Storage/Transfer

㉓ **200304** **5-2-81**
Signature of Authorized Agent and Title Date Accepted

K001329